Application for Food Service Permit

Virginia Beach Department of Public Health

Note: This is not a permit to operate. Submit this application and attach the required \$25 fee. . Please allow 3-5 working days when calling for opening inspection.

Date				
Purpose: New Establishment Name Change - Formerly Trading a	Renewal		Ow	nar/Cornoration Change
Name Change - Formerry Traumg a			Ow	ner/Corporation Change
Name of Establishment			1	Phone
Address	City		State	Zip
Corporation Name	Owner			Phone
Type of Operation: Restaurant	School	Daycare _	Mobile	Other (specify)
Yearly Seasonal (Indicatoperation)				-
Days of Week: M T W TH F S S - H	lours of Day:			
Number of Seats Non-S	moking area: Y	es or No A	BC License: Y	es or No
Type of Water Supply: Well Water System	or City Water T	Type of Sev	vage Disposal:	City Sewage or Septic
Well Water: Provide PWS ID#				
Name(s) and Expiration Date(s) of C				
Mobile Unit or Concession Stand, p Permit #:				
Address of Commissary:	Ci	ity	State	Zip
Attach to this application a letter of and a menu	agreement fron	ı the comn	iissary owner,	location of mobile stops

AS A CONDITION FOR RECEIPT OF THIS PERMIT, I AGREE TO:

- 1. Read and be familiar with the laws, orders, rules and regulations, etc. governing the handling of food in the City of Virginia Beach.
- 2. Abide by the conditions of such laws, orders, rules, regulations, etc.

3. Freely permit any authorized agent of the Department of Public Health to inspect the premises under my control and at such time to take samples therefrom as may be necessary.

I FURTHER UNDERSTAND THAT:

- Department of Public Health food permits must e renewed annually and that there is an annual \$25.00 Risk
 - Assessment fee.
- 2. Permits cannot be transferred from one operator to another or from one location to another.
- 3. Permits are subject to revocation for just cause.
- 4. The Health Department must be notified when the applicant ceases to be responsible for the establishment.
- 5. All food establishments in Virginia Beach are required by City Code to have a certified food manager on duty for a minimum of eight hours for each day the establishment is open. Certified food managers must be registered with the Virginia Beach Department of Public Health
- 6. If any menu changes occur, the Virginia Beach Department of Public Health must be notified.

	This	application	is com	plete and	l accurate	to the	best of	my	knowledge
--	------	-------------	--------	-----------	------------	--------	---------	----	-----------

Signature	Date		
CORPORATION NAME:			
OWNERS NAME:			
OWNERS ADDRESS	City	State	Zip
OWNERS TELEPHONE:			
HD USE ONLY			
Permit Number Censu	ıs Tract		
Permit Date: From to			
Risk Assessment Level: H M L			
Counter Freezer: Yes No # of Units Section #	sVariance/Wa	niver: Yes N	0
Need Water Sample: Yes No			
Need New Permit: Yes No			
EHS Pin #: Area #:			
Date Permit Issued:			